obligations

2010 ELECTION CYCLE

Delbert Hosemann SECRETARY OF STATE

REPORT OF RE DISBURSEMENTS Election Name of Committee Committee to Elect Jennifer Schloegel Chancery Court Judge Address P.O. Box 1371, Guifport, MS 39533 Campaign Finance Secretary of State Telephone (228)374-2100 Fax (228)432-5539 面对亚岛的政体 Treasurer Henry N. Dick, III/StephenTheobald Email henry.dick@pmp.org Check here if above is different from previous report TYPE OF REPORT November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)........Runoff Candidates Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting

IMPORTANT

expenditures and has no outstanding campaign debt obligation)

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Total	Itemized + Non-itemized	t = This Period	Calendar Year-To-Date
Total amount of contributions	\$2,550.00 +\$ 0	\$ 2,550.00	\$ 75,653.28
Total amount of disbursements	\$ 4,399.34 +\$ 0	\$ 4,399.34	\$ 40,532.36
Total amount of cash on hand		\$ 35,120.92	

Signature of Director or Treasurer Date Authority: Refer to Miss. Codo Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all jugislative offices should return form to Secretary of State, Elections Division, P. O. Box 128, Jackson, 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

	Page 1 of 1	_
Name of Candidate or Committee	Committee to Elect Jennifer Schloegel Chancery Court Judge	
Reporting period Jane 1, 2010	through June 3, 2010	

ITEMIZED DISBURSEMENTS

A Full name The Guice Agency	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Drawer 1187	06 / 21 / 10	\$ 2,892.34
City, Stato, Zip Code Biloxi, MS 39533	06 / 21 / 10	\$ 375.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 26,557.45
B. Full name Gayle Parker, Circuit Clerk	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 998	06 / 28 / 10	\$ 102.00
City, State, Zip Code Gulfport, MS 395020		S
Purpose of Disbursament (Optional)	Aggregate Year-to-date	\$ 102,00
C. Full name Victoria S. Chambers	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 110 Bayou Circle	06 / 21 / 10	\$ 180.00
City, State, Zip Code Gulfport, MS 39502	_/_/_	s
Purpose of Disbursament (Optional)	Aggregate Year-to-date	\$ 180.00
D. Full name Harrison County Young Lawyers Associateion	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 337	06 / 11 / 10	\$ 600,00
City, State, Zip Code Cufport, MS 39502		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5 600,00
E. Full name Sacred Heart Catholic Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Addross 17460 Bell Creek Road	06 / 11 /10	\$ 250.00
City, State, Zip Code Pass Christian, MS 39571		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_1_1_1_	s
City, State, Zip Code		s
Purpose of Disbursoment (Optional)	Aggregate Year-to-date	\$

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